

Date Issued:

Date Received:

**A.C. Flora High School  
Schedule Correction Request Form**

Request Forms must be completed, signed, and submitted to the A.C. Flora Guidance Office by:  
**As soon as possible, no later than Monday, August 22, 2022.**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

*Please complete this form if you have a correction request that fits the Richland One Schedule Change Policy.  
Course corrections can only be considered under the following conditions.*

**Please check** what applies to your request and provide an explanation (if necessary):

- 1. I have passed a class that is listed on my schedule.
- 2. I have not passed a prerequisite course for a class that is listed on my schedule.
- 3. I am a senior and do not have a course required for graduation listed on my schedule.
- 4. I am requesting a schedule change for health conditions (with a doctor's note).
- 5. A class I requested was cancelled.

- ***Schedules will NOT be changed to accommodate teacher requests or circumstances beyond what is listed above.***
- **Please note: Your students alternate courses discussed during their IGP in the spring, may have been used to complete your student's schedule. This is not a reason to request a course correction.**

For the reason checked above, I am requesting the following schedule correction(s):

DROP:

ADD:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Student Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**NOTE:** Requests for schedule changes will be processed in the order received from Tuesday, August 16th through Monday, August 22nd. **When a course reaches maximum capacity, the section will be closed.**

**THE SCHOOL RESERVES THE RIGHT TO MAKE MODIFICATIONS IN THE SCHEDULE DUE TO STUDENT POPULATION, TEACHERS, AND BUDGET CONSIDERATIONS.**

For Office Use:

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 Approved     Denied                      Reason: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_

Date: \_\_\_\_\_